

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		EX-03-01
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	AM	917	01-30-02
RESPONSE FORMALITY REVIEW	CK	1109	4-02-02

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted 0 Objected

Claim	Date
Final	
Original	
1	✓
2	✓
3	✓
4	✓
5	✗
6	✓
7	✓
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10	✓
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18	✓
19	✓
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21	✓
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23	✓
24	✓
25	N
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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